



PREFERRED DRUG LIST

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Products listed in RED have changed from the previous month's publication.

Preferred medications marked with an asterisks () can be opened and sprinkled into soft food; refer to product labeling.*

Products marked with a (+) indicate that the brand name product is no longer available.



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INHALATION AGENTS

Anticholinergics for the Maintenance Treatment of COPD

Preferred	Non-Preferred, Prior Authorization Required
Atrovent® HFA (ipratropium bromide)	Incruse Ellipta® (umeclidinium bromide)
Spiriva® Handihaler® (tiotropium)	Lonhala™ Magnair™ (glycopyrrolate) Seebri Neohaler® (glycopyrrolate) Spiriva® Respimat (tiotropium) Tudorza PressAir® (aclidinium)

Beta₂-Agonists - Long-Acting

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Serevent® Diskus® (salmeterol)	Arcapta® (indacaterol) Brovana® (arformoterol) Perforomist® (formoterol) Striverdi® Respimat® (olodaterol)

Beta₂-Agonists - Short-Acting

Preferred	Non-Preferred, Prior Authorization Required
AccuNeb® (albuterol)	ProAir RespiClick® (albuterol)
ProAir HFA® (albuterol)	Ventolin HFA® (albuterol)
Proventil® HFA (albuterol)	Xopenex® Inhalation Solution (levalbuterol)
Proventil® Inhalation Solution (albuterol)	Xopenex HFA® (levalbuterol)
Ventolin® Inhalation Solution (albuterol)	

Beta₂-Agonists - Long-Acting/Anticholinergics

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Anoro Ellipta® (umeclidinium/vilanterol)	Utibron™ Neohaler® (indacaterol/glycopyrrolate)
Bevespi Aerosphere™ (glycopyrrolate/formoterol)	
Stiolto® Respimat® (tiotropium/olodaterol)	

Beta₂-Agonists - Long-Acting/Corticosteroids

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Advair Diskus® (fluticasone/salmeterol)	Airduo™ Resplicclick® (fluticasone/salmeterol)
Advair® HFA (fluticasone/salmeterol)	
Breo Ellipta® (fluticasone/vilanterol)	
Dulera® (formoterol/mometasone)	
Symbicort® (budesonide/formoterol)	



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INHALATION AGENTS (continued)

Corticosteroids

Preferred	Non-Preferred, Prior Authorization Required
Alvesco® (ciclesonide)	Aerospan® (flunisolide)
Arnuity Ellipta® (fluticasone)	Armonair™ RespiClick® (fluticasone)
Asmanex® (mometasone)	Asmanex® HFA (mometasone)
Flovent® HFA (fluticasone)	Flovent® Diskus® (fluticasone)
Pulmicort Flexhaler™ (budesonide)	Pulmicort Respules® (budesonide) *> 7 years of age
Pulmicort Respules® (budesonide) *≤ 6 years of age only	
QVAR® (beclomethasone)	
QVAR RediHaler®(beclomethasone)	

Tobramycin Products

Preferred	Non-Preferred, Prior Authorization Required
Generic tobramycin 300 mg/5 mL nebulization solution	Bethkis® (tobramycin)
	Kitabis pak® (tobramycin nebulizer)
	Tobi® (tobramycin)
	Tobi® Podhaler™ (tobramycin)

INTRANASAL AGENTS

Antihistamines

Preferred	Non-Preferred, Prior Authorization Required
Astelin® (azelastine) ⁺	Astepro® (azelastine) Patanase® (olopatadine)

Corticosteroids

Preferred	Non-Preferred, Prior Authorization Required
Flonase® (fluticasone)	Beconase AQ® (beclomethasone)
Qnasl® (beclomethasone)	Nasacort AQ®(triamcinolone)
Omnaris® (ciclesonide)	Nasarel® (flunisolide) ⁺ Nasonex® (mometasone) Rhinocort AQ® (budesonide) Xhance™ (fluticasone) Zetonna® (ciclesonide)

OPHTHALMIC AGENTS

Alpha-Adrenergic Agonists

Preferred	Non-Preferred, Prior Authorization Required
Alphagan® P (brimonidine) 0.1% Brimonidine 0.2% Iopidine® (apraclonidine)	Alphagan® P (brimonidine) 0.15%



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OPHTHALMIC AGENTS

Antihistamine/Mast Cell Stabilizers

Preferred	Non-Preferred, Prior Authorization Required
Alaway® (ketotifen)	Alocril® (nedocromil)
Cromolyn® (cromolyn)	Alomide® (lodoxamide)
Patanol® (olopatadine)	Bepreve® (bepotastine)
Pazeo® (olopatadine)	Elestat® (epinastine)
Refresh® (ketotifen)	Emadine® (emedastine)
Zaditor® (ketotifen)	Lastacift® (alcaftadine)
	Optivar® (azelastine)
	Pataday® (olopatadine)
	Zerviate™ (cetirizine)

Anti-Infective/Steroid Combinations

Preferred	Non-Preferred, Prior Authorization Required
Blephamide® (sulfacetamide/prednisolone)	Blephamide S.O.P.® (sulfacetamide/prednisolone)
Maxitrol® (neomycin/polymyxin/dexamethasone)	TobraDex® (tobramycin/dexamethasone)
Pred-G® (prednisolone/gentamicin)	TobraDex® ST (tobramycin/dexamethasone)
Pred-G S.O.P.® (prednisolone/Gentamicin)	Zylet®(Loteprednol/Tobramycin)

Beta-Blockers

Preferred	Non-Preferred, Prior Authorization Required
Betagan® (levobunolol)	Istalol® (timolol)
Betimol® (timolol)	Kapspargo™ Sprinkle (metoprolol succinate)
Betoptic® (betaxolol) ⁺	Timoptic® Ocudose® (timolol)
Betoptic®-S (betaxolol)	Timoptic-XE® (timolol)
Carteolol	
OptiPranolol® (metipranolol) ⁺	
Timoptic® (timolol)	

Carbonic Anhydrase Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Azopt® (brinzolamide)	Trusopt® (dorzolamide)

Glaucoma Combination Products

Preferred	Non-Preferred, Prior Authorization Required
Combigan® (brimonidine/timolol)	Cosopt® PF (dorzolamide/timolol PF)
Cosopt® (dorzolamide/timolol)	Simbrinza™ (brinzolamide/brimonidine)

Non-Steroidal Anti-Inflammatory Drugs – Ophthalmic

Preferred	Non-Preferred, Prior Authorization Required
Acuvail® (ketorolac)	Acular® (ketorolac)
Ilevro® (nepafenac)	Acular LS® (ketorolac)
Ocufen®(flurbiprofen) ⁺	Bromday® (bromfenac)
Voltaren® ophthalmic (diclofenac) ⁺	BromSite® (bromfenac)
	Prolensa® (bromfenac)
	Nevanac® (nepafenac)



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OPHTHALMIC AGENTS

Prostaglandin Analogs	
Preferred	Non-Preferred, Prior Authorization Required
Xalatan® (latanoprost)	Lumigan® (bimatoprost) Travatan Z® (travoprost) Vyzulta™ (latanoprostene bunod) Zioptan® (tafluprost) Zioptan® droperette (tafluprost)

OTIC AGENTS

Anti-Infective/Steroid Combinations	
Preferred	Non-Preferred, Prior Authorization Required
Cipro® HC (ciprofloxacin/hydrocortisone) Ciprodex® (ciprofloxacin/dexameth) Cortisporin® Otic Solution (neomycin/polymyxin B/hc) Coly-Mycin S®	Acetasol HC® (acetic acid/hydrocortisone) Cortisporin® Otic Suspension (neomycin/polymyxin B/hc) Otovel® (ciprofloxacin/fluocinolone)

ORAL/INJECTABLE/TOPICAL AGENTS

ACE Inhibitors	
Preferred	Non-Preferred, Prior Authorization Required
Accupril® (quinapril) Altace® (ramipril)* Lotensin® (benazepril) Monopril® (fosinopril) + Prinivil® (lisinopril) Zestril® (lisinopril)	Aceon® (perindopril) Capoten® (captopril) + Epaned® (enalapril solution) Mavik® (trandolapril) + Qbrelis® (lisinopril solution) Univasc® (moexipril) + Vasotec® (enalapril)

ACE Inhibitor/Calcium Channel Blocker Combinations

Preferred	Non-Preferred, Prior Authorization Required
Lotrel® (benazepril/amlodipine)	Prestalia® (perindopril/amlodipine) Tarka® (trandolapril/verapamil)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Acne Agents - Topical

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Aczone® (dapsone) 5% gel	Acanya® (benzoyl peroxide-clindamycin) gel
Atralin® (tretinoin) gel	Aczone® (dapsone) 7.5% gel
Avita® (tretinoin) gel	Altreno™ (tretinoin) lotion
Cleocin-T® (clindamycin) gel	Avar® (sulfacetamide-sulfur) pads
Cleocin-T® (clindamycin) lotion	Avar-E® Emollient (sulfacetamide-sulfur) cream
Cleocin-T® (clindamycin) solution	Avar-E Green® (sulfacetamide-sulfur) cream
Cleocin-T® (clindamycin) swab	Avar LS® (sulfacetamide-sulfur) pads
Differin® (adapalene) 0.1% and 0.3% gel tube	Avita® (tretinoin) cream
Duac® (benzoyl peroxide-clindamycin) gel	Azelex® (azelaic acid) cream
Epiduo® (benzoyl peroxide-adapalene) gel	Benzaclin® (benzoyl peroxide-clindamycin) gel
Ery® (erythromycin) pads	Benzamycin® (benzoyl peroxide-erythromycin) gel
Erygel® (erythromycin) gel	BP 10-1® (sulfacetamide/sulfur cleanser)
Erythromycin solution	Clindacin® ETZ (clindamycin) swab
Klaron® (sulfacetamide) lotion (suspension)	Clindacin-P® (clindamycin) swab
Retin-A® (tretinoin) cream	Clindacin Pac® (clindamycin) kit
Retin-A® (tretinoin) 0.01% gel	Clindagel® (clindamycin) gel
Sumadan® Wash (sulfacetamide-sulfur cleanser)	Differin® (adapalene) cream
Tazorac® (tazarotene) cream	Differin® (adapalene) 0.3% gel pump
Tazorac® (tazarotene) gel	Differin® (adapalene) lotion
	Differin® (adapalene) 0.1% solution
	Epiduo® Forte (adapalene/benzoyl peroxide)
	Evoclin® (clindamycin phosphate) foam
	Fabior® (tazarotene) foam
	Neuac® (clindamycin/benzoyl peroxide)
	Onexton® (benzoyl peroxide-clindamycin) gel
	Retin-A® Micro (tretinoin) gel
	Rosanil® Cleanser (sulfacetamide-sulfur) emulsion
	SSS 10-5® (sulfacetamide-sulfur) cream
	Sulfacetamide-Sulfur lotion
	Sumadan® (sulfacetamide-sulfur) kit
	Sumadan XLT® (sulfacetamide-sulfur) kit
	Sumaxin® (sulfacetamide-sulfur) pads
	Sumaxin® TS (sulfacetamide-sulfur) suspension
	Sumaxin® Wash (sulfacetamide-sulfur) liquid
	Veltin® (clindamycin-tretinoin)
	Ziana® (clindamycin-tretinoin)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Actinic Keratosis Agents (formerly Fluorouracil Agents) (Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Efudex® (fluorouracil)	Carac® (fluorouracil) Picato® (ingenol mebutate) Solaraze 3% gel (diclofenac sodium) ⁺ Tolak® (fluorouracil)

ADHD – Amphetamine Type (Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Adderall® (dextroamphetamine/amphetamine) Adderall XR® (dextroamphetamine/amphetamine ER)* Dexedrine® tablets (dextroamphetamine) Dexedrine® ER capsules (dextroamphetamine ER) Dextrostat® (dextroamphetamine) ⁺ Vyvanse® (lisdexamfetamine)*	Adzenys ER™ (amphetamine ER) Adzenys XR-ODT™ (amphetamine ER) Desoxyn® (methamphetamine) Dyanavel® XR (amphetamine ER) Evekeo® (amphetamine) Mydayis® (dextroamphetamine/amphetamine) Procentra® (dextroamphetamine) Zenedi® (dextroamphetamine)

ADHD – Methylphenidate Type (Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Concerta® (methylphenidate ER) Daytrana® (methylphenidate) Focalin® (dexmethylphenidate) Focalin® XR (dexmethylphenidate ER)* Metadate CD® (methylphenidate 30/70)* ⁺ Quillichew ER™ (methylphenidate ER) Quillivant XR® (methylphenidate ER) Ritalin® (methylphenidate)	Aptensio XR® (methylphenidate ER) Cotempla XR-ODT™ (methylphenidate) Jornay PM™ (methylphenidate ER) Metadate® ER (methylphenidate ER) Methylin Chewable® (methylphenidate) ⁺ Methylin Solution® (methylphenidate) Relexxii™ (methylphenidate ER) Ritalin LA® (methylphenidate 50/50) Ritalin SR® (methylphenidate ER) ⁺

Adjunct Anti-epileptics (Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Kepra® (levetiracetam) Kepra XR® (levetiracetam XR) Kepra® Solution (levetiracetam) Neurontin® (gabapentin) Zonegran® (zonisamide)	Banzel® (rufinamide) Fycompa® (perampanel) Gabitril® (tiagabine) Lyrica® (pregabalin) Lyrica® Solution (pregabalin) Onfi® (clobazam) Oxtellar® XR (oxcarbazepine) Spritam® (levetiracetam)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

5-Alpha Reductase Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Avodart®(dutasteride)	
Proscar®(finasteride)	

Alpha glucosidase Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Precose® (acarbose)	Glyset® (miglitol)

Anaphylaxis Agents

Preferred	Non-Preferred, Prior Authorization Required
Adrenaclick® (epinephrine auto inject) ⁺	Symjepi®(epinephrine) ⁺
Epinephrine auto injectors	
Epipen® (epinephrine auto inject)	
Epipen Jr® (epinephrine auto inject)	

Androgenic Agents (Formerly Testosterone Agents-Topical) (Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Androgel® (testosterone)	Androderm® (testosterone)
Depo-Testosterone® (testosterone cypionate)	Android® (methyltestosterone)
Vogelxo® (testosterone)	Aveed® (testosterone undecanoate)
	Axiron® (testosterone)
	Fortesta® (testosterone)
	Methitest® (methyltestosterone)
	Natesto® (testosterone)
	Oxandrin® (oxandrolone)
	Striant® (testosterone)
	Testim® (testosterone)
	Testred® (methyltestosterone)

Anti-coagulants

Preferred	Non-Preferred, Prior Authorization Required
Coumadin® (warfarin)	Savaysa® (edoxaban)
Eliquis® (apixaban)	
Pradaxa® (dabigatran)	
Xarelto® (rivaroxaban)	

Anti-Constipation Agents

Preferred	Non-Preferred, Prior Authorization Required
Amitiza®(lubiprostone)	Trulance®(plecanatide)
Linzess®(linaclotide)*	



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Anti-Constipation Agents – Opioid Induced Cause

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Amitiza® (lubiprostone)	Relistor® (methylnaltrexone) (tablets and injection)
Movantik® (naloxegol)	
Symproic® (naldemedine)	

Antidepressants – SNRIs

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Cymbalta® (duloxetine)	Effexor® XR tablets (venlafaxine ER) ⁺
Effexor® (venlafaxine) ⁺	Fetzima® (levomilnacipran)
Effexor® XR capsules (venlafaxine ER)*	Savella® (milnacipran)
Pristiq® (desvenlafaxine)	Khedezla® (desvenlafaxine)

Antidepressants – SSRIs

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Celexa® (citalopram)	Celexa® solution (citalopram) ⁺
Lexapro® (escitalopram)	Lexapro® solution (escitalopram) ⁺
Luvox® (fluvoxamine) ⁺	Luvox CR® (fluvoxamine CR) ⁺
Paxil® (paroxetine)	Paxil CR® (paroxetine CR)
Prozac® capsules (fluoxetine)	Paxil® solution (paroxetine)
Prozac® solution (fluoxetine) ⁺	Pexeva® (paroxetine)
Zoloft® (sertraline)	Prozac® tablets (fluoxetine) ⁺
	Prozac Weekly® (fluoxetine) ⁺
	Zoloft® solution (sertraline)

Antidepressants – Tricyclics

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Doxepin capsules and solution	Amoxapine
Elavil® (amitriptyline)	Anafranil® (clomipramine)
Pamelor® (nortriptyline)	Norpramin® (desipramine)
Tofranil® (imipramine)	Pamelor® solution (nortriptyline) ⁺
	Surmontil® (trimipramine)
	Tofranil - PM® (imipramine) ⁺
	Vivactil® (protriptyline) ⁺

Anti-Diarrheal Agents

Preferred	Non-Preferred, Prior Authorization Required
Lotronex®(alosetron)	Xermelo®(telotristat)
Viberzi®(eluxadoline)	



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Anti-emetics Cannabinoid

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Marinol® (dronabinol)	Cesamet® (nabilone) Syndros® (dronabinol)

Anti-emetics Serotonin 5HT₃ Antagonists

Preferred	Non-Preferred, Prior Authorization Required
Zofran® (ondansetron) Zofran ODT® (ondansetron)	Anzemet® (dolasetron) Kytril® (gransetron) ⁺ Sancuso® (gransetron) Zuplenz® (ondansetron)

Anti-Histamines - Non-Sedating

Preferred	Non-Preferred, Prior Authorization Required
Claritin® (loratadine)	Allegra® ODT (fexofenadine)
Claritin 24-hr Allergy® (loratadine)	Clarinex® (desloratadine)
Claritin Hives Relief® (loratadine)	Claritin RediTabs® (loratadine)
Claritin® Syrup (loratadine)	Xyzal® (levocetirizine) ⁺
Zyrtec® (cetirizine)	Xyzal® solution (levocetirizine) ⁺
Zyrtec® Syrup (cetirizine)	The following drugs are covered for KBH only:
Allegra® (fexofenadine)	Allegra-D® (fexofenadine/pseudoephedrine)
	Allegra-D24® (fexofenadine/pseudoephedrine)
	Clarinex-D 12-hour® (desloratadine/pseudoephedrine)
	Clarinex-D 24-hour® (desloratadine/pseudoephedrine)

Anti-Viral – Herpes

Preferred	Non-Preferred, Prior Authorization Required
Valtrex® (valacyclovir)	Famvir® (famciclovir) ⁺
Zovirax® (acyclovir) (oral dosage forms only)	Sitavig® (acyclovir) ⁺

ARBs

Preferred	Non-Preferred, Prior Authorization Required
Avalide® (irbesartan/HCTZ)	Atacand® (candesartan)
Avapro® (irbesartan)	Atacand HCT® (candesartan/HCTZ)
Cozaar® (losartan)	Benicar® (olmesartan)
Diovan® (valsartan)	Benicar HCT® (olmesartan/HCTZ)
Diovan HCT® (valsartan/HCTZ)	Edarbyclor® (azilsartan medoxomil)
Edarbyclor® (azilsartan medoxomil/chlorthalidone)	Micardis® (telmisartan)
Entresto® (sacubitril/valsartan)	Micardis HCT® (telmisartan/HCTZ)
Hyzaar® (losartan/HCTZ)	Prexxartan® (valsartan)
Tribenzor® (olmesartan/amlodipine/HCTZ)	Teveten® (eprosartan)

ARB/Calcium Channel Blocker Combinations

Preferred	Non-Preferred, Prior Authorization Required
Azor® (amlodipine/olmesartan)	Twynsta® (amlodipine/telmisartan)
Exforge® (amlodipine/valsartan)	



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Beta-Blockers

Preferred	Non-Preferred, Prior Authorization Required
Betapace® (sotalol)	Blocadren® (timolol) ⁺
Betapace AF® (sotalol AF)	Bystolic® (nebivolol)
Coreg® (carvedilol)	Byvalson® (nebivolol/valsartan)
Inderal® (propranolol) ⁺	Coreg CR® (carvedilol CR)
Labetalol® (labetalol)	Corgard® (nadolol)
Lopressor® (metoprolol tartrate)	Corzide® (nadolol/bendroflumethiazide)
Sectral® (acebutolol) ⁺	Dutoprol® (metoprolol/HCTZ)
Tenormin® (atenolol)	Inderal® LA (propranolol XL)
Toprol-XL® (metoprolol succinate)	InnoPran® XL (propranolol XL)
Ziac® (bisoprolol/HCTZ)	Kerlone® (betaxolol) ⁺
	Lopressor HCT® (metoprolol/HCTZ)
	Visken® (pindolol) ⁺
	Zebeta® (bisoprolol) ⁺

Biguanides

Preferred	Non-Preferred, Prior Authorization Required
Glucophage® (metformin)	Fortamet® (metformin ER)
Glucophage® XR (metformin ER)	Glumetza® (metformin ER)
	Riomet® (metformin oral solution)

Bile Acid Sequestrants

Preferred	Non-Preferred, Prior Authorization Required
Colestid® Tablets (colestipol)	Colestid® Granules (colestipol)
Prevalite® Powder (cholestyramine light)	Questran® (cholestyramine)
Prevalite® Powder Packs (cholestyramine light)	Questran Light® (cholestyramine light)
Welchol® Powder (colesevelam)	
Welchol® Tablets (colesevelam)	

Bisphosphonates

Preferred	Non-Preferred, Prior Authorization Required
Fosamax® (alendronate)	Actonel® (risedronate) Atelvia® (risedronate) Binosto® (alendronate) Boniva® (ibandronate) Fosamax® oral solution (alendronate) ⁺ Fosamax Plus D® (alendronate/cholecalciferol)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Bladder Relaxant Agents

Preferred	Non-Preferred, Prior Authorization Required
Ditropan® (oxybutynin) tablets and syrup ⁺	Detrol® (tolterodine)
Ditropan XL® (oxybutynin ER)	Detrol® LA (tolterodine ER)
Toviaz® (fesoterodine)	Enablex® (darifenacin ER)
Vesicare® (solifenacain)	Gelnique® Gel (oxybutynin)
	Myrbetriq®(mirabegron)
	Oxytrol® Patch (oxybutynin)
	Sanctura® (trospium) ⁺
	Sanctura® XR (trospium ER) ⁺
	Urispas® (flavoxate) ⁺

Calcium Channel Blockers – Dihydropyridines

Preferred	Non-Preferred, Prior Authorization Required
Adalat CC® (nifedipine ER)	Adalat® (nifedipine IR) ⁺
Norvasc® (amlodipine)	Cardene® (nicardipine IR) ⁺
Plendil® (felodipine) ⁺	DynaCirc® (isradipine IR) ⁺
Procardia® XL (nifedipine ER)	Sular® (nisoldipine)

Calcium Channel Blockers - Non-Dihydropyridines

Preferred	Non-Preferred, Prior Authorization Required
Calan® (verapamil IR)	Cardizem® LA (diltiazem)
Calan SR® (verapamil SR)	Cardizem® SR (diltiazem)
Cardizem® (diltiazem IR)*	Matzim LA® (diltiazem ER)
Cardizem® CD (diltiazem)	Tiazac® (diltiazem)
Cartia XT® (diltiazem ER)	Verelan® (verapamil SR)
Dilt-XR® (diltiazem ER)	Verelan PM® (verapamil)
Isoptin® SR (verapamil SR) ⁺	
Taztia XT ®(diltiazem ER)*	

Corticosteroids – Oral

Preferred	Non-Preferred, Prior Authorization Required
Deltasone® (prednisone)	Millipred™ (prednisolone)
Orapred® (prednisolone) ⁺	Millipred™ DP (prednisolone)
Orapred® ODT™ (prednisolone)	Millipred™ DP 12-day (prednisolone)
Pediapred® (prednisolone)	Rayos® (prednisone DR)
Prednisone Intensol™ (prednisone concentrate)	Veripred® 20 (prednisolone)
Prednisone solution	
Prednisolone syrup	



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Corticosteroids – Topical – High Potency

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Clobetasol Propionate E® (clobetasol propionate)	ApexiCon E® (diflorasone diacetate)
Clobex® (clobetasol propionate)	Clodan® (clobetasol propionate)
Cormax Scalp® (clobetasol propionate) ⁺	Halog® (halcinonide)
Diprolene® (betamethasone dipropionate augmented)	Lidex® (fluocinonide) ⁺
Diprolene AF® (betamethasone dipropionate augmented)	Lidex E® (fluocinonide) ⁺
Olux® (clobetasol propionate)	Psorcon® (diflorasone diacetate)
Olux-E® (clobetasol propionate)	Sernivo® (betamethasone dipropionate)
Temovate® (clobetasol propionate)	Topicort® (desoximetasone)
Ultravate® (halobetasol propionate)	Vanos® (fluocinonide)

Corticosteroids – Topical – Intermediate Potency

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Cutivate® (fluticasone propionate)	Cloderm® (clocortolone pivalate)
DesOwen® (desonide)	Cordran® (flurandrenolide)
Elocon® (mometasone furoate)	Dermazone® (triamcinolone acetonide)
Dermatop® (prednicarbate) ⁺	Locoid® (hydrocortisone butyrate)
Kenalog® (triamcinolone acetonide)	Locoid Lipocream® (hydrocortisone butyrate)
Synalar® (fluocinolone acetonide)	LoKara® (desonide) ⁺
Triamcinolone acetonide (all generics of brand products on the PDL)	Luxiq® (betamethasone valerate)
	Nolix® (flurandrenolide)
	Pandel® (hydrocortisone probutate)
	Trianex® (triamcinolone acetonide)
	Triderm® (triamcinolone acetonide)
	Tridesilon® (desonide)
	Valisone® (betamethasone valerate) ⁺
	Westcort® (hydrocortisone valerate) ⁺

Corticosteroids – Topical – Mild Potency

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Aclovate® (alclometasone dipropionate) ⁺	Ala-Cort® (hydrocortisone base)
Hydrocortisone base (all generics of brand products on the PDL)	Capex® (fluocinolone acetonide)
Synalar® (fluocinolone acetonide)	Derma-Smoothe/FS Body & Scalp® (fluocinolone acetonide)
	Desonate® (desonide)
	Fluocinolone Body & Scalp® (fluocinolone acetonide)
	Pediaderm HC® (hydrocortisone base)
	Texacort® (hydrocortisone base)
	Verdeso® (desonide)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

COX-II Inhibitors

Preferred	Non-Preferred
Celebrex® (celecoxib)*	

Desmopressin Products

Preferred	Non-Preferred, Prior Authorization Required
DDAVP® (desmopressin) tablets	DDAVP® Rhinal Tube (desmopressin)
DDAVP® (desmopressin) nasal solution	Nocdurna® (desmopressin) Noctiva™ (desmopressin)

DPP-4 Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Januvia® (sitagliptin)	Nesina® (alogliptin)
Onglyza® (saxagliptin)	Tradjenta® (linagliptin)

DPP-4 Inhibitor Combination Agents

Preferred	Non-Preferred, Prior Authorization Required
Janumet® (sitaliptin/metformin)	Jentadueto® (linagliptin/metformin)
Janumet® XR (sitagliptin/metformin XR)	Jentadueto® XR (linagliptin/metformin XR)
Kombiglyze® XR (saxagliptin/metformin)	Kazano® (alogliptin/metformin) Oseni®(alogliptin/pioglitazone)

Erythropoiesis-Stimulating Agents

Preferred	Non-Preferred, Prior Authorization Required
Epogen® (epoetin alfa)	Aranesp® (darbepoetin alfa) Mircera® (methoxy polyethylene glycol-epoetin beta) Procrit® (epoetin alfa) Retacrit™ (epoetin alfa-epbx)

Fibric Acid Derivatives

Preferred	Non-Preferred, Prior Authorization Required
Fenofibrate generics Lopid® (gemfibrozil)	Antara® (fenofibrate) Fenoglide® (fenofibrate) Lipofen® (fenofibrate) Lofibra® (fenofibrate) Tricor® (fenofibrate) Triglide® (fenofibrate) Trilipix® (fenofibric acid)

GLP- 1 RA (formerly Incretin Mimetics)

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Bydureon® Pens and Vials (exenatide ER) Byetta® (exenatide) Victoza® (liraglutide)	Adlyxin® (lixisenatide) Bydureon® BCise™ (exenatide ER) Ozempic® (semaglutide) Trulicity® (dulaglutide)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Growth Hormones

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Genotropin® (somatropin)	Humatrope® (somatropin)
Genotropin® MiniQuick (somatropin)	Nutropin AQ NuSpin® (somatropin)
Norditropin® FlexPro (somatropin)	Omnitrope® (somatropin) Saizen® (somatropin) Zomacton® (somatropin)

Hepatitis C Agents – Direct Acting

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Mavyret®(glecaprevir/pibrentasvir)	Daklinza® (daclatasvir) Epclusa® (sofosbuvir/velpatasvir) Harvoni® (ledipasvir/sofosbuvir) Sovaldi® (sofosbuvir)/Olysio® (simprevir) in combination Technivie® (ombitasvir/paritaprev/ritonavir) Viekira Pak® (dasabuvir/ombitasvir/paritaprev/ritonavir) Viekira® XR (dasabuvir/ombitasvir/paritaprev/ritonavir) Zepatier® (elbasvir/grazoprevir)

Hepatitis C Agents - Refractory Treatment

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Mavyret®(glecaprevir/pibrentasvir)	Vosevi®(sofosbuvir/velpatasvir/voxilaprevir)

H₂ Antagonists

Preferred	Non-Preferred, Prior Authorization Required
Pepcid® (famotidine)	Axid® (nizatidine) ⁺
Zantac® (ranitidine)	Pepcid® (famotidine) oral suspension Tagamet® (cimetidine)

Homozygous Familial Hypercholesterolemia (HoFH) Agents

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Kynamro® (mipomersen)	Juxtapid® (lomitapide mesylate)

Hypertriglyceridemia Agents

Preferred	Non-Preferred, Prior Authorization Required
Lovaza® (omega-3 acid ethyl esters)	Vascepa® (icosapent ethyl)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Immunomodulation Agents - Adult Rheumatoid Arthritis

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Enbrel® (etanercept)	Actemra® (tocilizumab)
Humira® (adalimumab)	Cimzia® (certolizumab)
Xeljanz® (tofacitinib)	Kevzara® (sarilumab)
Xeljanz® XR (tofacitinib)	Kineret® (anakinra)
	Olumiant® (baricitinib)
	Orencia® (abatacept)
	Remicade® (infliximab)
	Rituxan® (rituximab)
	Simponi Aria® (golimumab)
	Simponi® (golimumab)

Immunomodulation Agents - Ankylosing Spondylitis

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Enbrel® (etanercept)	Cosentyx® (secukinumab)
Humira® (adalimumab)	Cimzia® (certolizumab)
	Remicade® (infliximab)
	Simponi® (golimumab)

Immunomodulation Agents - Crohn's Disease

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Humira® (adalimumab)	Cimzia® (certolizumab)
	Entyvio® (vedolizumab)
	Remicade® (infliximab)
	Stelara® (ustekinumab)
	Tysabri® (natalizumab)

Immunomodulation Agents - Juvenile Idiopathic Arthritis

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Enbrel® (etanercept)	Actemra® (tocilizumab)
Humira® (adalimumab)	Ilaris® (canakinumab)
	Orencia® (abatacept)

Immunomodulation Agents - Plaque Psoriasis

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Enbrel® (etanercept)	Amevive® (alefacept)
Humira® (adalimumab)	Cosentyx® (secukinumab)
Otezla® (apremilast)	Remicade® (infliximab)
	Siliq® (brodalumab)
	Stelara® (ustekinumab)
	Taltz® (ixekizumab)
	Tremfya® (Guselkumab)



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Immunomodulation Agents - Psoriatic Arthritis

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Enbrel® (etanercept)	Cosentyx® (secukinumab)
Humira® (adalimumab)	Cimzia® (certolizumab)
Otezla® (apremilast)	Remicade® (infliximab)
Xeljanz® (tofacitinib)	Simponi® (golimumab)
Xeljanz® XR (tofacitinib)	Stelara® (ustekinumab)
	Orencia®(abatacept)
	Taltz® (ixekizumab)

Immunomodulation Agents - Ulcerative Colitis

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Humira® (adalimumab)	Entyvio® (vedolizumab)
Xeljanz® (tofacitinib)	Remicade® (infliximab)
	Simponi® (golimumab)

Inflammatory Bowel Disease Agents – Oral

Preferred	Non-Preferred, Prior Authorization Required
Azulfidine® (sulfasalazine)	Apriso® (mesalamine ER 24hr)
Azulfadine® EN-tabs (sulfasalazine)	Asacol® HD (mesalamine DR)
Delzicol® (mesalamine DR)*	Colazal® (balsalazide disodium)
Lialda® (mesalamine DR)	Dipentum® (olsalazine)
Pentasa® (mesalamine ER)*	Entocort® EC (budesonide)
	Giazo® (balsalazide disodium)
	Uceris® (budesonide)

Insulin - Long-Acting

Preferred	Non-Preferred, Prior Authorization Required
Lantus® (insulin glargine)	Basaglar® (insulin glargine)
Lantus SoloStar® (insulin glargine)	Toujeo Solostar® (insulin glargine)
Levemir® Vial, FlexPen, FlexTouch (insulin detemir)	Tresiba FlexTouch® (insulin degludec)

Insulin - Long-Acting/GLP-1 RA

Preferred	Non-Preferred, Prior Authorization Required
Soliqua® (insulin glargine/lixisenatide)	Xultophy® (insulin degludec/liraglutide)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Insulin- Short Acting and Intermediate Acting

Preferred	Non-Preferred, Prior Authorization Required
Humalog® multi-dose vial	Admelog® Vial, Solostar (insulin lispro)
Humalog® Mix multi-dose vial	Afrezza® (insulin regular inhalation)
Humulin N® multi-dose vial	Apidra® Vial, Solostar®
Humulin R® multi-dose vial	Fiasp® Vial, FlexTouch®
Humulin 70/30® multi-dose vial	Humalog® (excluding multi-dose vials)
Novolin N® multi-dose vial	Humalog® KwikPen®, Junior KwikPen®
Novolin R® multi-dose vial	Humalog® Mix (excluding multi-dose vials)
Novolin 70/30® multi-dose vial	Humulin N® (excluding multi-dose vials)
NovoLog® multi-dose vial, PenFill, & FlexPen	Humulin R® (excluding multi-dose vials)
NovoLog® Mix multi-dose vial, PenFill, & FlexPens	Humulin 70/30® (excluding multi-dose vials)
Velosulin BR® multi-dose vial	Novolin N® (excluding multi-dose vials)
	Novolin R® (excluding multi-dose vials)
	Novolin 70/30® (excluding multi-dose vials)
	Velosulin BR® (excluding multi-dose vials)

Lice Treatments

Preferred	Non-Preferred, Prior Authorization Required
Natroba® (spinosad)	Ovide® (malathion)
Sklice® (ivermectin)	

Meglitinides

Preferred	Non-Preferred, Prior Authorization Required
Prandin® (repaglinide)	Starlix® (nateglinide)

Methotrexate Products (Formerly Methotrexate – Injectable) (Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Rasuvo® (methotrexate)	Otrexup® (methotrexate)
Methotrexate 2.5 mg tablets	Trexall® (methotrexate)
	Xatmep® (methotrexate)

Muscle Relaxants – Skeletal (Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Flexeril® (cyclobenzaprine) ⁺	Amrix® (cyclobenzaprine ER)
Robaxin® (methocarbamol)	Fexmid® 7.5mg (cyclobenzaprine)
Robaxin-750® (methocarbamol)	Lorzone® (chlorzoxazone)
	Metaxall® (metaxalone)
	Norflex® (orphenadrine) ⁺
	Norgesic® (orphenadrine/aspirin/caffeine)
	Norgesic® Forte (orphenadrine/aspirin/caffeine)
	Parafon Forte DSC® (chlorzoxazone) ⁺
	Skelaxin® (metaxalone)
	Soma® (carisoprodol)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Muscle Relaxants – Spasticity

Preferred	Non-Preferred, Prior Authorization Required
Lioresal® (baclofen)	Dantrium® (dantrolene)
Zanaflex® Tablets (tizanidine)	Zanaflex® Capsules (tizanidine)

Non-Steroidal Anti-Inflammatory Drugs - Oral

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Advil® (ibuprofen)	Anaprox® (naproxen)
Aleve® (naproxen)	Anaprox DS® (naproxen)
EC-Naprosyn® (naproxen)	Arthrotec® (diclofenac/misoprostol)
Ansaid® (flurbiprofen) ⁺	Cambia® (diclofenac)
Cataflam® (diclofenac potassium) ⁺	Daypro® (oxaprozin)
Clinoril® (sulindac) ⁺	Dolobid® (diflunisal) ⁺
Indocin® (indomethacin)	Feldene® (piroxicam)
Mobic® (meloxicam)	Indocin® SR (indomethacin)
Motrin® (ibuprofen)	Lodine® (etodolac)
Motrin-IB® (ibuprofen)	Lodine® XL (etodolac) ⁺
Naprosyn® (naproxen)	Meclomen® (meclofenamate) ⁺
Relafen® (nabumetone) ⁺	Nalfon® (fenoprofen)
Toradol®(ketorolac) (limited to a 5 day supply) ⁺	Naprelan® (naproxen)
Voltaren®(diclofenac sodium oral) ⁺	Naprelan® CR Dosepak (naproxen)
Voltaren® XR (diclofenac sodium oral) ⁺	Orudis® (ketoprofen) ⁺
	Orudis® KT (ketoprofen) ⁺
	Oruvail® (ketoprofen) ⁺
	Ponstel® (mefenamic acid) ⁺
	Tivorbex® (indomethacin)
	Tolectin 600® (tolmetin) ⁺
	Tolectin DS® (tolmetin)
	Vimovo®(naproxen/esomeprazole)
	Vivlodex® (Meloxicam)
	Zipsor® (diclofenac)
	Zorvolex® (diclofenac)

Non-Steroidal Anti-Inflammatory Drugs – Topical

Preferred	Non-Preferred, Prior Authorization Required
Elector® Patch (diclofenac epolamine)	Pennsaid® (diclofenac)
Voltaren® Gel (diclofenac)	Sprix® Nasal Spray (ketorolac tromethamine)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Opioids - Short-Acting

(Clinical prior authorization may apply)

Preferred	Non-Preferred-Prior Authorization Required
Codeine sulfate (all generics)	Abstral® (fentanyl)
Dilaudid® (hydromorphone HCl)	Actiq® (fentanyl)
Fioricet® with Codeine 50/325/40/30 mg (butalbital/acetaminophen/caffeine/codeine)	Combunox™ (oxycodone/ibuprofen) ⁺
Hycet® (hydrocodone bitartrate/acetaminophen) ⁺	Demerol® (meperidine HCl)
Levorphanol (all generics)	Fentora® (fentanyl)
Lorcet® (hydrocodone bitartrate/acetaminophen)	Fioricet® with Codeine 50/300/40/30 (butalbital/acetaminophen/caffeine/acetaminophen)
Lortab® (hydrocodone bitartrate/acetaminophen)	Fiorinal® with Codeine (butalbital/aspirin/caffeine/codeine)
Morphine sulfate (all generics)*	Lazanda™ (fentanyl)
Norco® (hydrocodone bitartrate/acetaminophen)	Lorcet HD® (hydrocodone bitartrate/acetaminophen)
Oxycodone HCl (all generics)*	Lorcet Plus® (hydrocodone bitartrate/acetaminophen)
Percocet® (oxycodone HCl/acetaminophen)	Nucynta™ (tapentadol)
Percodan® (oxycodone HCl/aspirin) ⁺	Opana® (oxymorphone HCl)
Roxicet™ (oxycodone HCl/acetaminophen) ⁺	Oxydo® (oxycodone HCl)
Talwin® NX (pentazocine/naloxone) ⁺	Primlev™ (oxycodone HCl/acetaminophen)
Tylenol® No. 2 (codeine phosphate/acetaminophen)	Roxybond™ (oxycodone)
Tylenol® No. 3 (codeine phosphate/acetaminophen)	Subsys® (fentanyl)
Tylenol® No. 4 (codeine phosphate/acetaminophen)	Vicoden HP® (hydrocodone bitartrate/acetaminophen)
Ultracet® (tramadol/acetaminophen)	Xodol® (hydrocodone bitartrate/acetaminophen)
Ultram® (tramadol)	
Vicodin® (hydrocodone bitartrate/acetaminophen)	
Vicodin ES® (hydrocodone bitartrate/acetaminophen)	

Opioids - Long-Acting

(Clinical prior authorization may apply)

Preferred	Non-Preferred-Prior Authorization Required
Hysingla® ER (hydrocodone ER)	Arymo™ ER (morphine sulfate ER)
Embeda® (morphine/naltrexone)*	Avinza® (morphine sulfate ER) ⁺
MS Contin® (morphine sulfate ER)	Belbuca® (buprenorphine)
OxyContin® (oxycodone SR)	Butrans® (buprenorphine)
Ultram® ER (tramadol ER) ⁺	ConZip® (tramadol)
	Duragesic® (fentanyl)
	Exalgo® (hydromorphone HCl ER)
	Kadian® (morphine sulfate ER)
	MorphaBond ER® (morphine sulfate ER)
	Nucynta® ER (tapentadol)
	Opana® ER (oxymorphone)
	Ryzolt® (tramadol ER) ⁺
	Xtampza® ER (oxycodone ER)
	Zohydro® ER (hydrocodone ER)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Pancreatic Enzyme Replacements

Preferred	Non-Preferred, Prior Authorization Required
Creon® (pancrelipase)*	Pertzye® (pancrelipase)
Pancreaze® (pancrelipase)*	Viokace® (pancrelipase)
Zenpep® (pancrelipase)*	

PCSK-9 Inhibitors

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Praluent® (alirocumab)	
Repatha® (evolocumab)	

Phosphate Binder Agents

Preferred	Non-Preferred, Prior Authorization Required
Eliphos® (calcium acetate) ⁺	Auryxia® (ferric citrate)
Phoslo® (calcium acetate) ⁺	Fosrenol® (lanthanum carbonate) Phoslyra® (calcium acetate oral solution) Renagel® (sevelamer HCl) Renvela® (sevelamer carbonate) Velphoro® (sucroferric oxyhydroxide)

Platelet Aggregation Inhibitors - Secondary Cardiac Prevention

Preferred	Non-Preferred, Prior Authorization Required
Effient® (prasugrel)	Brilinta® (ticagrelor)
Plavix® (clopidogrel)	Zontivity® (vorapaxar)

Platelet Aggregation Inhibitors – Stroke

Preferred	Non-Preferred, Prior Authorization Required
Plavix® (clopidogrel)	Aggrenox® (aspirin-dipyridamole ER)

Proton Pump Inhibitors

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Dexilant® (dexlansoprazole)*	AcipHex® (rabeprazole)
Prilosec® (omeprazole)*	AcipHex® Sprinkles™ (rabeprazole)
Protonix® (pantoprazole)	Dexilant® SoluTab (dexlansoprazole) Esomeprazole strontium® (esomeprazole strontium) Nexium® (esomeprazole) Nexium® Suspension (esomeprazole) Prevacid® (lansoprazole) Prevacid SoluTab® (lansoprazole) Prilosec® Packets (omeprazole) Protonix® Packets (pantoprazole) Zegerid® (omeprazole/sodium bicarbonate)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Pulmonary Hypertension Agents

Preferred	Non-Preferred, Prior Authorization Required
Adcirca® (tadalafil)	Opsumit® (macitentan)
Adempas® (riociguat)	Remodulin® (treprostinil)
Letairis® (ambrisentan)	Tyvaso®, Tyvaso® Starter, Tyvaso® Refill (treprostinil)
Orenitram® (treprostinil)	Utravi® (selexipag)
Revatio® (sildenafil)	Ventavis® (iloprost)
Tracleer® (bosentan)	

Rosacea Agents

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Metrocream® (metronidazole)	Azealex® (azelaic acid)
Metrogel® (metronidazole)	Finacea® (azelaic acid)
	MetroLotion® (metronidazole)
	Mirvaso® (brimonidine)
	Noritate® (metronidazole)
	Rhofade® (oxymetazoline)
	Rosadan® (metronidazole)
	Soolantra® (ivermectin)

SGLT2 (sodium-glucose co-transporter 2) Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Invokana® (canagliflozin)	Farxiga® (dapagliflozin)
	Jardiance® (empagliflozin)
	Steglatro™ (ertugliflozin)

SGLT2 Inhibitor/DPP-4 Inhibitor Combination Agents

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Glyxambi® (empagliflozin/linagliptin)	Qtern® (dapagliflozin/saxagliptin)
	Steglujan™ (ertugliflozin/sitagliptin)

SGLT2 Inhibitors/Biguanide Combination Agents

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Invokamet® (canagliflozin/metformin)	Segluromet™ (ertugliflozin/metformin)
Invokamet® XR (canagliflozin/metformin ER)	Synjardy® (empagliflozin/metformin)
	Synjardy® XR (empagliflozin/metformin ER)
	Xigduo XR®(dapagliflozin/metformin ER)

Sleep Agents - Non-Scheduled

Preferred	Non-Preferred, Prior Authorization Required
Rozerem® (ramelteon)	Hetlioz® (tasimelteon)
	Silenor® (doxepin)



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Sleep Agents – Scheduled - Non-Benzodiazepine	
Preferred	Non-Preferred, Prior Authorization Required
Ambien® (zolpidem) Zolpidem generics	Ambien® CR (zolpidem CR) Belsomra® (suvorexant) Edluar® (zolpidem) Intermezzo® (zolpidem) Lunesta® (eszopiclone) Sonata® (zaleplon) Zolpimist® (zolpidem)
Statins	
Preferred	Non-Preferred, Prior Authorization Required
Crestor® (rosuvastatin) Lipitor® (atorvastatin) Mevacor® (lovastatin) + Pravachol® (pravastatin) Zocor® (simvastatin)	Altoprev® (lovastatin) Lescol® (fluvastatin) + Lescol® XL (fluvastatin) Livalo® (pitavastatin) Zypitamag™ (pitavastatin)
Statin Combination (formerly Products for Hyperlipidemia)	
Preferred	Non-Preferred
Caduet® (amlodipine/atorvastatin) Vytorin® (ezetimibe/simvastatin)	
Sulfonylureas – 2 nd Generation	
Preferred	Non-Preferred, Prior Authorization Required
Amaryl® (glimepiride) DiaBeta® (glyburide) + Glucotrol® (glipizide) Glucovance® (glyburide/metformin) Glynase PresTab® (micronized glyburide) Micronase® (glyburide) +	Glucotrol XL® (glipizide XL) Metaglip® (glipizide/metformin) +
Thiazolidinediones	
Preferred	Non-Preferred, Prior Authorization Required
Actos® (pioglitazone) ACTOplus Met® (pioglitazone/metformin)	ACTOplus Met® XR (pioglitazone/metformin) Avandia® (rosiglitazone) Duetact® (pioglitazone/glimepiride)
Thrombopoietin Receptor Agonists (TPO) <i>(Clinical prior authorization may apply)</i>	
Preferred	Non-Preferred, Prior Authorization Required
Nplate® (romiplostim) Promacta® (eltrombopag)	



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Topical Immunomodulators

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Eucrisa® (crisaborole)	Elidel® (pimecrolimus)
Protopic® (tacrolimus)	

Triptans

Preferred	Non-Preferred, Prior Authorization Required
Amerge® (naratriptan) Imitrex® (sumatriptan) tablets Maxalt® (rizatriptan) Maxalt-MLT® (rizatriptan) Relpax® (eletriptan) Zomig® (zolmitriptan) nasal solution	Alsuma® (sumatriptan) ⁺ Axert® (almotriptan) Frova® (frovatriptan) Imitrex® (sumatriptan) pens, vials, cartridges, nasal spray Onzetra Xsail® (sumatriptan) Sumavel DosePro® (sumatriptan) Zembrace Symtouch® (sumatriptan) Zecuity® (sumatriptan) ⁺ Zomig® (zolmitriptan) tablets Zomig-ZMT® (zolmitriptan)

Xanthine Oxidase Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Zyloprim® (allopurinol)	Uloric® (febuxostat)



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Acanya® (benzoyl peroxide-clindamycin) gel	5
AccuNeb® (albuterol)	1
Accupril® (quinapril).....	4
Aceon® (perindopril)	4
Acetasol HC® (acetic acid/hydrocortisone).....	4
AcipHex® (rabeprazole).....	20
AcipHex® Sprinkles™ (rabeprazole)	20
Aclovate® (alclometasone dipropionate) +	12
Actemra® (tocilizumab).....	15
Actiq® (fentanyl)	19
Actonei® (risedronate)	10
ACTOplus Met® (pioglitazone/metformin)	22
ACTOplus Met® XR (pioglitazone/metformin)	22
Actos® (pioglitazone)	22
Acular LS® (ketorolac)	3
Acular® (ketorolac).....	3
Acuvail® (ketorolac)	3
Aczone® (dapsone) 5% gel	5
Aczone® (dapsone) 7.5% gel	5
Adalat CC® (nifedipine ER)	11
Adalat® (nifedipine IR) +	11
Adcirca® (tadalafil)	21
Adderall XR® (dextroamphetamine/amphetamine ER)*	6
Adderall® (dextroamphetamine/amphetamine)	6
Adempas® (riociguat).....	21
Adlyxin® (lixisenatide)	13
Admelog® Vial, Solostar (insulin lispro)	17
Adrenaclick® (epinephrine auto inject) +	7
Advair Diskus® (fluticasone/salmeterol).....	1
Advair® HFA (fluticasone/salmeterol).....	1
Advil® (ibuprofen)	18
Adzenys ER™ (amphetamine ER)	6
Adzenys XR-ODT™ (amphetamine ER)	6
Aerospan® (flunisolide)	2
Afrezza® (insulin regular inhalation)	17
Aggrenox® (aspirin-dipyridamole ER)	20
Airduo™ Respclick® (fluticasone/salmeterol)	1
Ala-Cort® (hydrocortisone base)	12
Alaway® (ketotifen).....	3
Aleve® (naproxen).....	18
Allegra® (fexofenadine).....	9
Allegra® ODT (fexofenadine).....	9
Allegra-D® (fexofenadine/pseudoephedrine)	9
Allegra-D24® (fexofenadine/pseudoephedrine)	9



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Alocril® (nedocromil)	3
Alomide® (lodoxamide).....	3
Alphagan® P (brimonidine) 0.1%	2
Alphagan® P (brimonidine) 0.15%	2
Alsuma® (sumatriptan) ⁺	23
Altace® (ramipril)*	4
Altoprev® (lovastatin)	22
Altreno™ (tretinoin) lotion	5
Alvesco® (ciclesonide).....	2
Amaryl® (glimepiride)	22
Ambien® (zolpidem).....	22
Ambien® CR (zolpidem CR)	22
Amerge® (naratriptan)	23
Amevive® (alefacept)	15
Amitiza® (lubiprostone)	8
Amitiza®(lubiprostone)	7
Amoxapine	8
Amrix® (cyclobenzaprine ER)	17
Anafranil® (clomipramine)	8
Anaprox DS® (naproxen)	18
Anaprox® (naproxen)	18
Androderm® (testosterone).....	7
Androgel® (testosterone).....	7
Android® (methyltestosterone)	7
Anoro Ellipta® (umeclidinium/vilanterol)	1
Ansaid® (flurbiprofen) ⁺	18
Antara® (fenofibrate)	13
Anzemet® (dolasetron)	9
ApexiCon E® (diflorasone diacetate).....	12
Apidra® Vial, Solostar®	17
Apriso® (mesalamine ER 24hr).....	16
Aptensio XR® (methylphenidate ER).....	6
Aranesp® (darbepoetin alfa)	13
Arcapta® (indacaterol)	1
Armonair™ RespiClick® (fluticasone)	2
Arnuity Ellipta® (fluticasone)	2
Arthrotec® (diclofenac/misoprostol)	18
Arymo™ ER (morphine sulfate ER).....	19
Asacol® HD (mesalamine DR).....	16
Asmanex® (mometasone)	2
Asmanex® HFA (mometasone)	2
Astelin® (azelastine) ⁺	2
Astepro® (azelastine)	2
Atacand HCT® (candesartan/HCTZ)	9
Atacand® (candesartan).....	9
Atelvia® (risedronate)	10
Atralin® (tretinoin) gel	5
Atrovent® HFA (ipratropium bromide)	1



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Auryxia® (ferric citrate)	20
Avalide® (irbesartan/HCTZ).....	9
Avandia® (rosiglitazone)	22
Avapro® (irbesartan)	9
Avar LS® (sulfacetamide-sulfur) pads	5
Avar® (sulfacetamide-sulfur) pads	5
Avar-E Green® (sulfacetamide-sulfur) cream	5
Avar-E® Emollient (sulfacetamide-sulfur) cream	5
Aveed® (testosterone undecanoate)	7
Avinza® (morphine sulfate ER) +	19
Avita® (tretinoin) cream.....	5
Avita® (tretinoin) gel	5
Avodart®(dutasteride)	7
Axert® (almotriptan)	23
Axicid® (nizatidine) +	14
Axiron® (testosterone).....	7
Azealex® (azelaic acid)	21
Azealex® (azelaic acid) cream	5
Azopt® (brinzolamide).....	3
Azor® (amlodipine/olmesartan).....	9
Azulfadine EN-tabs (sulfasalazine)	16
Azulfidine® (sulfasalazine)	16
Banzel® (rufinamide).....	6
Basaglar® (insulin glargine)	16
Beconase AQ® (beclomethasone).....	2
Belbuca® (buprenorphine).....	19
Belsomra® (suvorexant)	22
Benicar HCT® (olmesartan/HCTZ)	9
Benicar® (olmesartan).....	9
Benzaclin® (benzoyl peroxide-clindamycin) gel	5
Benzamycin® (benzoyl peroxide-erythromycin) gel	5
Bepreve® (bepotastine)	3
Betagan® (levobunolol).....	3
Betapace AF® (sotalol AF)	10
Betapace® (sotalol)	10
Bethkis® (tobramycin).....	2
Betimol® (timolol)	3
Betoptic® (betaxolol) +	3
Betoptic®-S (betaxolol)	3
Bevespi Aerosphere™ (glycopyrrrolate/formoterol).....	1
Binosto® (alendronate)	10
Blephamide S.O.P.® (sulfacetamide/prednisolone).....	3
Blephamide® (sulfacetamide/prednisolone)	3
Blocadren® (timolol) +	10
Boniva® (ibandronate)	10
BP 10-1® (sulfacetamide/sulfur cleanser).....	5
Breo Ellipta® (fluticasone/vilanterol).....	1
Brilinta® (ticagrelor)	20



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Brimonidine 0.2%	2
Bromday® (bromfenac)	3
BromSite® (bromfenac)	3
Brovana® (arformoterol)	1
Butrans® (buprenorphine)	19
Bydureon® BCise™ (exenatide ER)	13
Bydureon® Pens and Vials (exenatide ER)	13
Byetta® (exenatide)	13
Bystolic® (nebivolol)	10
Byvalson® (nebivolol/valsartan)	10
Caduet® (amlodipine/atorvastatin)	22
Calan SR® (verapamil SR)	11
Calan® (verapamil IR)	11
Cambia® (diclofenac)	18
Capex® (fluocinolone acetonide)	12
Capoten® (captopril) ⁺	4
Carac® (fluorouracil)	6
Cardene® (nicardipine IR) ⁺	11
Cardizem® (diltiazem IR)*	11
Cardizem® CD (diltiazem)	11
Cardizem® LA (diltiazem)	11
Cardizem® SR (diltiazem)	11
Carteolol	3
Cartia XT® (diltiazem ER)	11
Cataflam® (diclofenac potassium) ⁺	18
Celebrex® (celecoxib)*	13
Celexa® (citalopram)	8
Celexa® solution (citalopram) ⁺	8
Cesamet® (nabilone)	9
Cimzia® (certolizumab)	15, 16
Cipro® HC (ciprofloxacin/hydrocortisone)	4
Ciprodex® (ciprofloxacin/dexameth)	4
Clarinex-D 12-hour® (desloratadine/pseudoephedrine)	9
Claritin 24-hr Allergy® (loratadine)	9
Claritin Hives Relief® (loratadine)	9
Claritin® (loratadine)	9
Claritin® Syrup (loratadine)	9
Cleocin-T® (clindamycin) gel	5
Cleocin-T® (clindamycin) lotion	5
Cleocin-T® (clindamycin) solution	5
Cleocin-T® (clindamycin) swab	5
Clindacin Pac® (clindamycin) kit	5
Clindacin® ETZ (clindamycin) swab	5
Clindacin-P® (clindamycin) swab	5
Clindagel® (clindamycin) gel	5
Clinoril® (sulindac) ⁺	18
Clobetasol Propionate E® (clobetasol propionate)	12
Clobex® (clobetasol propionate)	12



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Clodan® (clobetasol propionate)	12
Cloderm® (clocortolone pivalate)	12
Codeine sulfate (all generics).....	19
Colazal® (balsalazide disodium)	16
Colestid® Granules (colestipol)	10
Colestid® Tablets (colestipol).....	10
Combigan® (brimonidine/timolol)	3
Combunox™ (oxycodone/ibuprofen) +	19
Concerta® (methylphenidate ER).....	6
ConZip® (tramadol)	19
Cordran® (flurandrenolide).....	12
Coreg CR® (carvedilol CR).....	10
Coreg® (carvedilol)	10
Corgard® (nadolol)	10
Cormax Scalp® (clobetasol propionate) +	12
Cortisporin® Otic Solution (neomycin/polymyxin B/hc)	4
Cortisporin® Otic Suspension (neomycin/polymyxin B/hc)	4
Cortisporin-TC® (neomy/colist/hc/thonz).....	4
Corzide® (nadolol/bendroflumethiazide)	10
Cosentyx® (secukinumab)	15, 16
Cosopt® (dorzolamide/timolol).....	3
Cosopt® PF (dorzolamide/timolol PF)	3
Cotempla XR-ODT™ (methylphenidate).....	6
Coumadin® (warfarin)	7
Cozaar® (losartan)	9
Creon® (pancrelipase)*	20
Crestor® (rosuvastatin)	22
Cromolyn® (cromolyn)	3
Cutivate® (fluticasone propionate).....	12
Cymbalta® (duloxetine).....	8
Daklinza® (daclatasvir)	14
Dantrium® (dantrolene).....	18
Daypro® (oxaprozin)	18
Daytrana® (methylphenidate).....	6
DDAVP® (desmopressin) nasal solution	13
DDAVP® (desmopressin) tablets	13
DDAVP® Rhinal Tube (desmopressin)	13
Deltasone® (prednisone)	11
Delzicol® (mesalamine DR)*	16
Demerol® (meperidine HCl)	19
Depo-Testosterone® (testosterone cypionate)	7
Derma-Smoothe/FS Body & Scalp® (fluocinolone acetonide)	12
Dermatop® (prednicarbate) +	12
Dermazone® (triamcinolone acetonide)	12
Desonate® (desonide)	12
DesOwen® (desonide)	12
Desoxyn® (methamphetamine)	6
Detrol® (tolterodine).....	11



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Detrol® LA (tolterodine ER)	11
Dexedrine® ER capsules (dextroamphetamine ER)	6
Dexedrine® tablets (dextroamphetamine)	6
Dexilant® (dexlansoprazole)*	20
Dexilant® SoluTab (dexlansoprazole).....	20
Dextrostat® (dextroamphetamine) +	6
DiaBeta® (glyburide) +	22
Differin® (adapalene) 0.1% and 0.3% gel tube	5
Differin® (adapalene) 0.1% solution	5
Differin® (adapalene) 0.3% gel pump	5
Differin® (adapalene) cream	5
Differin® (adapalene) lotion.....	5
Dilauidid® (hydromorphone HCl).....	19
Dilt-XR® (diltiazem ER)	11
Diovan HCT® (valsartan/HCTZ).....	9
Diovan® (valsartan)	9
Dipentum® (olsalazine)	16
Diprolene AF® (betamethasone dipropionate augmented)	12
Diprolene® (betamethasone dipropionate augmented)	12
Ditropan XL® (oxybutynin ER)	11
Ditropan® (oxybutynin) tablets and syrup+	11
Dolobid® (diflunisal) +	18
Doxepin capsules and solution	8
Duac® (benzoyl peroxide-clindamycin) gel	5
Duetact® (pioglitazone/glimepiride).....	22
Dulera® (formoterol/mometasone).....	1
Duragesic® (fentanyl)	19
Dutoprol® (metoprolol/HCTZ).....	10
Dyanavel® XR (amphetamine ER)	6
DynaCirc® (isradipine IR) +	11
EC-Naprosyn® (naproxen)	18
Edarbi® (azilsartan medoxomil)	9
Edarbyclor® (azilsartan medoxomil/chlorthalidone)	9
Edluar® (zolpidem)	22
Effexor® (venlafaxine) +	8
Effexor® XR capsules (venlafaxine ER)*	8
Effexor® XR tablets (venlafaxine ER) +	8
Effient® (prasurgrel).....	20
Efudex® (fluorouracil)	6
Elavil® (amitriptyline)	8
Elestat® (epinastine)	3
Elidel® (pimecrolimus)	23
Eliphos® (calcium acetate) +	20
Eliquis® (apixaban)	7
Elocon® (mometasone furoate)	12
Emadine® (emedastine)	3
Embeda® (morphine/naltrexone)*	19
Enablex® (darifenacin)	11



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Enbrel® (etanercept).....	15, 16
Entocort® EC (budesonide)	16
Entresto® (sacubitril/valsartan)	9
Entyvio® (vedolizumab)	15, 16
Epaned® (enalapril solution)	4
Epclusa® (sofosbuvir/velpatasvir)	14
Epiduo® (benzoyl peroxide-adapalene) gel	5
Epiduo® Forte (adapalene/benzoyl peroxide)	5
Epinephrine auto injectors.....	7
Epipen Jr® (epinephrine auto inject).....	7
Epipen® (epinephrine auto inject)	7
Epogen® (erythropoietin alfa).....	13
Ery® (erythromycin) pads.....	5
Erygel® (erythromycin) gel.....	5
Erythromycin solution.....	5
Esomeprazole strontium® (esomeprazole strontium).....	20
Eucrisa® (crisaborole).....	23
Evekeo® (amphetamine).....	6
Evoclin® (clindamycin phosphate) foam.....	5
Exalgo® (hydromorphone HCl ER).....	19
Exforge® (amlodipine/valsartan)	9
Fabior® (tazarotene) foam	5
Famvir® (famciclovir) +	9
Faxiga® (dapagliflozin)	21
Feldene® (piroxicam)	18
Fenofibrate generics	13
Fenoglide® (fenofibrate)	13
Fentora® (fentanyl)	19
Fetzima® (levomilnacipran).....	8
Fexmid® 7.5mg (cyclobenzaprine)	17
Fiasp® Vial, FlexTouch®	17
Finacea® (azelaic acid)	21
Fioricet® with Codeine 50/300/40/30 (butalbital/acetaminophen/ceffeine/acetaminophen)	19
Fioricet® with Codeine 50/325/40/30 mg (butalbital/acetaminophen/caffeine/codeine).....	19
Fiorinal® with Codeine (butalbital/aspirin/caffeine/codeine)	19
Flector® Patch (diclofenac epolamine)	18
Flexeril® (cyclobenzaprine) +	17
Flonase® (fluticasone)	2
Flovent® Diskus® (fluticasone)	2
Flovent® HFA (fluticasone).....	2
Fluocinolone Body & Scalp® (fluocinolone acetonide)	12
Focalin® (dexmethylphenidate)	6
Focalin® XR (dexmethylphenidate ER)*	6
Fortamet® (metformin ER)	10
Fortesta® (testosterone)	7
Fosamax Plus D® (alendronate/cholecalciferol)	10
Fosamax® (alendronate)	10
Fosamax® oral solution (alendronate) +	10



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Fosrenol® (lanthanum carbonate)	20
Frova® (frovatriptan).....	23
Fycompa® (perampanel)	6
Gabitril® (tiagabine)	6
Gelnique® Gel (oxybutynin)	11
Generic tobramycin 300 mg/5 mL nebulization solution	2
Genotropin® (somatropin).....	14
Genotropin® MiniQuick (somatropin)	14
Giazo® (balsalazide disodium)	16
Glucophage® (metformin)	10
Glucophage® XR (metformin ER)	10
Glucotrol XL® (glipizide XL).....	22
Glucotrol® (glipizide).....	22
Glucovance® (glyburide/metformin)	22
Glumetza® (metformin ER)	10
Glynase PresTab® (micronized glyburide).....	22
Glyset® (miglitol).....	7
Glyxambi® (empagliflozin/linagliptin)	21
Halog® (halcaponide)	12
Harvoni® (ledipasvir/sofosbuvir)	14
Hetlioz® (tasimelteon).....	21
Humalog® (excluding multi-dose vials).....	17
Humalog® KwikPen®, Junior KwikPen®	17
Humalog® Mix (excluding multi-dose vials)	17
Humalog® Mix multi-dose vial	17
Humalog® multi-dose vial	17
Humatrope® (somatropin).....	14
Humira® (adalimumab)	15, 16
Humulin 70/30® (excluding multi-dose vials)	17
Humulin 70/30® multi-dose vial	17
Humulin N® (excluding multi-dose vials)	17
Humulin N® multi-dose vial	17
Humulin R® (excluding multi-dose vials)	17
Humulin R® multi-dose vial.....	17
Hycet® (hydrocodone bitartrate/acetaminophen) +	19
Hydrocortisone base (all generics of brand products on the PDL)	12
Hysingla® ER (hydrocodone ER)	19
Hyzaar® (losartan/HCTZ)	9
Ilaris® (canakinumab).....	15
Ilevro® (nepafenac)	3
Imitrex® (sumatriptan) pens, vials, cartridges, nasal spray	23
Imitrex® (sumatriptan) tablets.....	23
Incruse Ellipta® (umeclidinium bromide).....	1
Inderal® (propranolol) +	10
Inderal® LA (propranolol XL)	10
Indocin® (indomethacin).....	18
Indocin® SR (indomethacin).....	18
InnoPran® XL (propranolol XL)	10



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Intermezzo® (zolpidem)	22
Invokamet® (canagliflozin/metformin)	21
Invokamet® XR (canagliflozin/metformin ER)	21
Invokana® (canagliflozin)	21
Ilopidine® (apraclonidine)	2
Isoptin® SR (verapamil SR) ⁺	11
Istalol® (timolol)	3
Janumet® (sitaliptin/metformin)	13
Janumet® XR (sitagliptin/metformin XR)	13
Januvia® (sitagliptin)	13
Jardiance® (empagliflozin)	21
Jentadueto® (linagliptin/metformin)	13
Jentadueto® XR (linagliptin/metformin XR)	13
Jornay PM™ (methylphenidate ER)	6
Juxtapid® (lomitapide mesylate)	14
Kadian® (morphine sulfate ER)	19
Kapspargo™ Sprinkle (metoprolol succinate)	3
Kazano® (alogliptin/metformin)	13
Kenalog® (triamcinolone acetonide)	12
Keppra XR® (levetiracetam XR)	6
Keppra® (levetiracetam)	6
Keppra® Solution (levetiracetam)	6
Kerlone® (betaxolol) ⁺	10
Kevzara® (sarilumab)	15
KhedeZla® (desvenlafaxine)	8
Kineret® (anakinra)	15
Kitabis pak® (tobramycin nebulizer)	2
Klaron® (sulfacetamide) lotion (suspension)	5
Kombiglyze® XR (saxagliptin/metformin)	13
Kynamro® (mipomersen)	14
Kytril® (granisetron) ⁺	9
Labetalol® (labetalol)	10
Lantus SoloStar® (insulin glargine)	16
Lantus® (insulin glargine)	16
Lastacaft® (alcaftadine)	3
Lazanda™ (fentanyl)	19
Lescol® (fluvastatin) ⁺	22
Lescol® XL (fluvastatin)	22
Letairis® (ambrisentan)	21
Levemir® Vial, FlexPen, FlexTouch (insulin detemir)	16
Levorphanol (all generics)	19
Lexapro® (escitalopram)	8
Lexapro® solution (escitalopram) ⁺	8
Lialda® (mesalamine DR)	16
Lidex E® (fluocinonide) ⁺	12
Lidex® (fluocinonide) ⁺	12
Linzess® (linaclotide)*	7
Lioresal® (baclofen)	18



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Lipitor® (atorvastatin)	22
Lipofen® (fenofibrate)	13
Livalo® (pitavastatin)	22
Locoid Lipocream® (hydrocortisone butyrate)	12
Locoid® (hydrocortisone butyrate)	12
Lodine® (etodolac)	18
Lodine® XL (etodolac) ⁺	18
Lofibra® (fenofibrate)	13
LoKara® (desonide) ⁺	12
Lonhala™ Magnair™ (glycopyrrolate)	1
Lopid® (gemfibrozil)	13
Lopressor HCT® (metoprolol/HCTZ)	10
Lopressor® (metoprolol tartrate)	10
Lorcet HD® (hydrocodone bitartrate/acetaminophen)	19
Lorcet Plus® (hydrocodone bitartrate/acetaminophen)	19
Lortab® (hydrocodone bitartrate/acetaminophen)	19
Lorzone® (chlorzoxazone)	17
Lotensin® (benazepril)	4
Lotrel® (benazepril/amlodipine)	4
Lotronex®(alosetron)	8
Lovaza® (omega-3 acid ethyl esters)	14
Lumigan® (bimatoprost)	4
Lunesta® (eszopiclone)	22
Luvox CR® (fluvoxamine CR) ⁺	8
Luvox® (fluvoxamine) ⁺	8
Luxiq® (betamethasone valerate)	12
Lyrica® (pregabalin)	6
Lyrica®Solution (pregabalin)	6
Marinol® (dronabinol)	9
Matzim LA® (diltiazem ER)	11
Mavik®(trandolapril) ⁺	4
Mavyret®(glecaprevir/pibrentasvir)	14
Maxalt® (rizatriptan)	23
Maxalt-MLT® (rizatriptan)	23
Maxitrol® (neomycin/polymyxin/dexamethasone)	3
Metadata CD® (methylphenidate 30/70)* ⁺	6
Metadata® ER (methylphenidate ER)	6
Metaglip® (glipizide/metformin) ⁺	22
Metaxall® (metaxalone)	17
Methitest® (methyltestosterone)	7
Methotrexate 2.5 mg tablets	17
Methylin Chewable® (methylphenidate) ⁺	6
Methylin Solution® (methylphenidate)	6
Metrocream® (metronidazole)	21
Metrogel® (metronidazole)	21
MetroLotion® (metronidazole)	21
Mevacor® (lovastatin) ⁺	22
Micardis HCT® (telmisartan/HCTZ)	9



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Micardis® (telmisartan).....	9
Micronase® (glyburide) +	22
Millipred™ (prednisolone)	11
Millipred™ DP (prednisolone).....	11
Millipred™ DP 12-day (prednisolone).....	11
Mircera® (methoxy polyethylene glycol-epoetin beta)	13
Mirvaso® (brimonidine)	21
Mobic® (meloxicam)	18
Monopril® (fosinopril) +	4
MorphaBond ER® (morphine sulfate ER).....	19
Morphine sulfate (all generics)*	19
Motrin® (ibuprofen).....	18
Motrin-IB® (ibuprofen).....	18
Movantik® (naloxegol)	8
MS Contin® (morphine sulfate ER).....	19
Mydayis® (dextroamphetamine/amphetamine)	6
Myrbetriq®(mirabegron).....	11
Nalfon® (fenoprofen)	18
Naprelan® (naproxen).....	18
Naprelan® CR Dosepak (naproxen).....	18
Naprosyn® (naproxen)	18
Nasacort AQ®(triamcinolone).....	2
Nasarel® (flunisolide) +	2
Nasonex® (mometasone).....	2
Natesto® (testosterone).....	7
Natroba® (spinosad).....	17
Nesina® (alogliptin)	13
Neuac® (clindamycin/benzoyl peroxide)	5
Neurontin® (gabapentin)	6
Nevanac® (nepafenac)	3
Nexium®Suspension (esomeprazole).....	20
Nexium® (esomeprazole).....	20
Nocdurna® (desmopressin)	13
Noctiva™ (desmopressin).....	13
Nolix® (flurandrenolide).....	12
Norco® (hydrocodone bitartrate/acetaminophen)	19
Norditropin® FlexPro (somatropin).....	14
Norflex® (orphenadrine) +	17
Norgesic® (orphenadrine/aspirin/caffeine)	17
Norgesic® Forte (orphenadrine/aspirin/caffeine)	17
Noritate® (metronidazole)	21
Norpramin® (desipramine)	8
Norvasc® (amlodipine).....	11
Novolin 70/30® (excluding multi-dose vials)	17
Novolin 70/30® multi-dose vial.....	17
Novolin N® (excluding multi-dose vials)	17
Novolin N® multi-dose vial.....	17
Novolin R® (excluding multi-dose vials)	17



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Novolin R® multi-dose vial	17
NovoLog® Mix multi-dose vial, PenFill, & FlexPens	17
NovoLog® multi-dose vial, PenFill, & FlexPen.....	17
Nplate® (romiplostim).....	22
Nucynta® ER (tapentadol).....	19
Nucynta™ (tapentadol)	19
Nutropin AQ NuSpin® (somatropin)	14
Ocufen®(flurbiprofen) +	3
Olumiant® (baricitinib)	15
Olux® (clobetasol propionate)	12
Olux-E® (clobetasol propionate)	12
Omnaris® (ciclesonide).....	2
Omnitrope® (somatropin).....	14
Onexton® (benzoyl peroxide-clindamycin) gel	5
Onfi® (clobazam)	6
Onglyza® (saxagliptin)	13
Onzetra Xsail® (sumatriptan)	23
Opana® (oxymorphone HCl)	19
Opana® ER (oxymorphone).....	19
Opsumit® (macitentan)	21
OptiPranolol® (metipranolol) +	3
Optivar® (azelastine).....	3
Orapred® (prednisolone) +	11
Orapred® ODT™ (prednisolone).....	11
Orencia® (abatacept)	15
Orencia®(abatacept)	16
Orenitram® (treprostинil)	21
Orudis® (ketoprofen) +	18
Orudis® KT (ketoprofen) +	18
Oruvail® (ketoprofen) +	18
Oseni®(alogliptin/pioglitazone)	13
Otezla® (apremilast).....	15, 16
Otovel® (ciprofloxacin/fluocinolone).....	4
Otrexup® (methotrexate).....	17
Ovide® (malathion)	17
Oxandrin® (oxandrolone).....	7
Oxaydo® (oxycodone HCl).....	19
Oxtellar® XR (oxcarbazepine).....	6
Oxycodone HCl (all generics)*	19
OxyContin® (oxycodone SR).....	19
Oxytrol® Patch (oxybutynin)	11
Ozempic® (semaglutide)	13
Pamelor® (nortriptyline)	8
Pamelor® solution (nortriptyline) +	8
Pancreaze® (pancrelipase)*	20
Pandel® (hydrocortisone probutate)	12
Parafon Forte DSC® (chlorzoxazone) +	17
Pataday® (olopatadine).....	3



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Patanase® (olopatadine)	2
Patanol® (olopatadine)	3
Paxil® solution (paroxetine)	8
Paxil CR® (paroxetine ER)	8
Paxil® (paroxetine)	8
Pazeo® (olopatadine)	3
Pediaderm HC® (hydrocortisone base)	12
Pediapred® (prednisolone)	11
Pennsaid® (diclofenac)	18
Pentasa® (mesalamine ER)*	16
Pepcid® (famotidine)	14
Pepcid® (famotidine) oral suspension	14
Percocet® (oxycodone HCl/acetaminophen)	19
Percodan® (oxycodone HCl/aspirin) +	19
Perforomist® (formoterol)	1
Pertzye® (pancrelipase)	20
Pexeva® (paroxetine)	8
Phoslo® (calcium acetate) +	20
Phoslyra® (calcium acetate oral solution)	20
Picato® (ingenol mebutate)	6
Plavix® (clopidogrel)	20
Plendil® (felodipine) +	11
Ponstel® (mefenamic acid) +	18
Pradaxa® (dabigatran)	7
Praluent® (alirocumab)	20
Prandin® (repaglinide)	17
Pravachol® (pravastatin)	22
Precose® (acarbose)	7
Pred-G S.O.P.® (prednisolone/Gentamicin)	3
Pred-G® (prednisolone/gentamicin)	3
Prednisolone syrup	11
Prednisone Intensol™ (prednisone concentrate)	11
Prednisone solution	11
Prestalia® (perindopril/amlodipine)	4
Prevacid SoluTab® (lansoprazole)	20
Prevacid® (lansoprazole)	20
Prevalite® Powder (cholestyramine light)	10
Prevalite® Powder Packs (cholestyramine light)	10
Prexxartan® (valsartan)	9
Prilosec® (omeprazole)*	20
Prilosec® Packets (omeprazole)	20
Primlev™ (oxycodone HCl/acetaminophen)	19
Prinivil® (lisinopril)	4
Pristiq® (desvenlafaxine)	8
ProAir HFA® (albuterol)	1
ProAir RespiClick® (albuterol)	1
Procardia® XL (nifedipine ER)	11
Procentra® (dextroamphetamine)	6



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Procrit® (epoetin alfa)	13
Prolensa® (bromfenac)	3
Promacta® (eltrombopag)	22
Proscar®(finasteride)	7
Protonix® (pantoprazole)	20
Protonix® Packets (pantoprazole)	20
Protopic® (tacrolimus)	23
Proventil® HFA (albuterol)	1
Proventil® Inhalation Solution (albuterol)	1
Prozac Weekly® (fluoxetine) +	8
Prozac® capsules (fluoxetine)	8
Prozac® solution (fluoxetine) +	8
Prozac® tablets (fluoxetine) +	8
Psorcon® (diflorasone diacetate)	12
Pulmicort Flexhaler™ (budesonide)	2
Pulmicort Respules® (budesonide) * > 7 years of age	2
Pulmicort Respules® (budesonide) * ≤ 6 years of age only	2
Qbrelis® (lisinopril solution)	4
Qnasl® (beclomethasone)	2
Qtern® (dapagliflozin/saxagliptin)	21
Questran Light® (cholestyramine light)	10
Questran® (cholestyramine)	10
Quillichew ER™ (methylphenidate ER)	6
Quillivant XR® (methylphenidate ER)	6
QVAR RediHaler®(beclomethasone)	2
QVAR® (beclomethasone)	2
Rasuvo® (methotrexate)	17
Rayos® (prednisone DR)	11
Refresh® (ketotifen)	3
Relafen® (nabumetone) +	18
Relexxii™ (methylphenidate ER)	6
Relistor® (methylnaltrexone) (tablets and injection)	8
Relpax® (eletriptan)	23
Remicade® (infliximab)	15, 16
Remodulin® (treprostinil)	21
Renagel® (sevelamer HCl)	20
Renvela® (sevelamer carbonate)	20
Repatha® (evolocumab)	20
Retacrit™ (epoetin alfa-epbx)	13
Retin-A® (tretinoin) 0.01% gel	5
Retin-A® (tretinoin) cream	5
Retin-A® Micro (tretinoin) gel	5
Revatio® (sildenafil)	21
Rhinocort AQ® (budesonide)	2
Rhofade® (oxymetazoline)	21
Riomet® (metformin oral solution)	10
Ritalin LA® (methylphenidate 50/50)	6
Ritalin SR® (methylphenidate ER) +	6



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Ritalin® (methylphenidate)	6
Rituxan® (rituximab)	15
Robaxin® (methocarbamol)	17
Robaxin-750® (methocarbamol)	17
Rosadan® (metronidazole).....	21
Rosanil® Cleanser (sulfacetamide-sulfur) emulsion.....	5
Roxicet™ (oxycodone HCl/acetaminophen) +	19
Roxybond™ (oxycodone)	19
Rozerem® (ramelteon)	21
Ryzolt® (tramadol ER) +	19
Saizen® (somatropin)	14
Sanctura® (trospium) +	11
Sanctura® XR (trospium ER) +	11
Sancuso® (granisetron)	9
Savaysa® (edoxaban).....	7
Savella® (milnacipran).....	8
Sectral® (acebutolol) +	10
Seebri Neohaler® (glycopyrrolate).....	1
Segluromet™ (ertugliflozin/metformin)	21
Serevent® Diskus® (salmeterol)	1
Sernivo® (betamethasone dipropionate).....	12
Silenor® (doxepin)	21
Siliq® (brodalumab).....	15
Simbrinza™ (brinzolamide/brimonidine)	3
Simponi Aria® (golimumab)	15
Simponi® (golimumab).....	15, 16
Sitavig® (acyclovir) +	9
Skelaxin® (metaxalone)	17
Sklice® (ivermectin).....	17
Solaraze 3% gel (diclofenac sodium) +	6
Soliqua® (insulin glargine/lixisenatide)	16
Soma® (carisoprodol).....	17
Sonata® (zaleplon)	22
Soolantra® (ivermectin)	21
Sovaldi® (sofosbuvir)/Olysio® (simprevir) in combination	14
Spiriva® Handihaler® (tiotropium)	1
Spiriva® Respimat (tiotropium)	1
Spritam® (levetiracetam)	6
Sprix® Nasal Spray (ketorolac tromethamine).....	18
SSS 10-5® (sulfacetamide-sulfur) cream	5
Starlix® (nateglinide)	17
Steglatro™ (ertugliflozin)	21
Steglujan™ (ertugliflozin/sitagliptin).....	21
Stelara® (ustekinumab).....	15, 16
Stiolto® Respimat® (tiotropium/olodaterol).....	1
Striant® (testosterone).....	7
Striverdi® Respimat® (olodaterol).....	1
Subsys® (fentanyl)	19



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Sular® (nisoldipine)	11
Sulfacetamide-Sulfur lotion	5
Sumadan XLT® (sulfacetamide-sulfar) kit	5
Sumadan® (sulfacetamide-sulfur) kit.....	5
Sumadan® Wash (sulfacetamide-sulfur cleanser)	5
Sumavel DosePro® (sumatriptan)	23
Sumaxin® (sulfacetamide-sulfur) pads.....	5
Sumaxin® TS (sulfacetamide-sulfur) suspension	5
Sumaxin® Wash (sulfacetamide-sulfur) liquid	5
Surmontil® (trimipramine).....	8
Symbicort® (budesonide/formoterol).....	1
Symjepi®(epinephrine) +	7
Sympoic® (naldemedine).....	8
Synalar® (fluocinolone acetonide)	12
Syndros® (dronabinol).....	9
Synjardy® (empagliflozin/metformin).....	21
Synjardy® XR (empagliflozin/metformin ER)	21
Tagamet® (cimetidine).....	14
Taltz® (ixekizumab)	15, 16
Talwin® NX (pentazocine/naloxone) +	19
Tarka® (trandolapril/verapamil)	4
Tazorac® (tazarotene) cream	5
Tazorac® (tazarotene) gel	5
Taztia XT ®(diltiazem ER)*	11
Technivie® (ombitasvir/paritaprev/ritonavir).....	14
Temovate® (clobetasol propionate)	12
Tenormin® (atenolol)	10
Testim® (testosterone)	7
Testred® (methyltestosterone).....	7
Teveten® (eprosartan)	9
Texacort® (hydrocortisone base)	12
Tiazac® (diltiazem)	11
Timoptic® (timolol).....	3
Timoptic® Ocudose® (timolol)	3
Timoptic-XE® (timolol)	3
Tivorbex® (indomethacin).....	18
Tobi® (tobramycin).....	2
Tobi® Podhaler™ (tobramycin)	2
TobraDex® (tobramycin/dexamethasone).....	3
TobraDex® ST (tobramycin/dexamethasone).....	3
Tofranil - PM® (imipramine) +	8
Tofranil® (imipramine)	8
Tolak® (fluorouracil).....	6
Tolectin 600® (tolmetin) +	18
Tolectin DS® (tolmetin)	18
Topicort® (desoximetasone)	12
Toprol-XL® (metoprolol succinate)	10
Toradol®(ketorolac) (limited to a 5 day supply) +	18



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Toujeo Solostar® (insulin glargine)	16
Toviaz® (fesoterodine)	11
Tracleer® (bosentan).....	21
Tradjenta® (linagliptin).....	13
Travatan Z® (travoprost)	4
Tremfya®(Guselkumab)	15
Tresiba Flexitouch® (insulin degludec)	16
Trexall® (methotrexate)	17
Triamcinolone acetonide (all generics of brand products on the PDL)	12
Trianex® (triamcinolone acetonide).....	12
Tribenzor® (olmesartan/amlodipine/HCTZ).....	9
Tricor® (fenofibrate)	13
Triderm® (triamcinolone acetonide).....	12
Tridesilon® (desonide)	12
Triglide® (fenofibrate)	13
Trilipix® (fenofibric acid)	13
Trulance®(plecanatide)	7
Trulicity® (dulaglutide).....	13
Trusopt® (dorzolamide)	3
Tudorza PressAir® (aclidinium)	1
Twynsta® (amlodipine/telmisartan)	9
Tylenol® No. 2 (codeine phosphate/acetaminophen).....	19
Tylenol® No. 3 (codeine phosphate/acetaminophen).....	19
Tylenol® No. 4 (codeine phosphate/acetaminophen)	19
Tysabri® (natalizumab).....	15
Tyvaso®, Tyvaso® Starter, Tyvaso® Refill (treprostinil)	21
Uceris® (budesonide)	16
Uloric® (febuxostat)	23
Ultracet® (tramadol/acetaminophen)	19
Ultram® (tramadol)	19
Ultram® ER (tramadol ER) +	19
Ultravate® (halobetasol propionate)	12
Univasc® (moexipril) +	4
Uptravi® (selexipag)	21
Urispas® (flavoxate) +	11
Utibron™ Neohaler® (indacaterol/glycopyrrolate)	1
Valisone® (betamethasone valerate) +	12
Valtrex® (valacyclovir).....	9
Vanos® (fluocinonide)	12
Vascepa® (icosapent ethyl)	14
Vasotec® (enalapril)	4
Velosulin BR® (excluding multi-dose vials)	17
Velosulin BR® multi-dose vial.....	17
Velphoro® (sucroferric oxyhydroxide)	20
Veltin® (clindamycin-tretinoin)	5
Ventavis® (iloprost)	21
Ventolin HFA® (albuterol)	1
Ventolin® Inhalation Solution (albuterol)	1



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Verdeso® (desonide).....	12
Verelan PM® (verapamil)	11
Verelan® (verapamil SR).....	11
Veripred® 20 (prednisolone).....	11
Vesicare® (solifenacin)	11
Viberzi®(eluxadoline)	8
Vicoden HP® (hydrocodone bitartrate/acetaminophen).....	19
Vicodin ES® (hydrocodone bitartrate/acetaminophen)	19
Vicodin® (hydrocodone bitartrate/acetaminophen)	19
Victoza® (liraglutide)	13
Viekira Pak® (dasabuvir/ombitasvir/paritaprevir/ritonavir).....	14
Viekira® XR (dasabuvir/ombitasvir/paritaprevir/ritonavir)	14
Vimovo®(naproxen/esomeprazole)	18
Viokace® (pancrelipase)	20
Visken® (pindolol) +	10
Vivactil® (protriptyline) +	8
Vivlodex® (Meloxicam).....	18
Vogelxo® (testosterone)	7
Voltaren® Gel (diclofenac)	18
Voltaren® ophthalmic (diclofenac) +	3
Voltaren® XR (diclofenac sodium oral) +	18
Voltaren®(diclofenac sodium oral) +	18
Vosevi®(sofosbuvir/velpatasvir/voxilaprevir)	14
Vytorin® (ezetimibe/simvastatin)	22
Vyvanse® (lisdexamfetamine)*	6
Vyzulta™ (latanoprostene bunod)	4
Welchol® Powder (colesevelam)	10
Welchol® Tablets (colesevelam)	10
Westcort® (hydrocortisone valerate) +	12
Xalatan ® (latanoprost)	4
Xarelto® (rivaroxaban)	7
Xatmep® (methotrexate)	17
Xeljanz® (tofacitinib)	15, 16
Xeljanz® XR (tofacitinib)	15, 16
Xermelo®(telotristat).....	8
Xhance™ (fluticasone).....	2
Xigduo XR®(dapagliflozin/metformin ER)	21
Xodol® (hydrocodone bitartrate/acetaminophen).....	19
Xopenex HFA® (levalbuterol)	1
Xopenex® Inhalation Solution (levalbuterol)	1
Xultophy® (insulin degludec/liraglutide).....	16
Xyzal® (levocetirizine) +	9
Xyzal® solution (levocetirizine) +	9
Zaditor® (ketotifen).....	3
Zanaflex® Capsules (tizanidine).....	18
Zanaflex® Tablets (tizanidine)	18
Zantac® (ranitidine).....	14
Zebeta® (bisoprolol) +	10



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Zecuity® (sumatriptan) ⁺	23
Zegerid® (omeprazole/sodium bicarbonate)	20
Zembrace Symtouch® (sumatriptan)	23
Zenpep® (pancrelipase)*	20
Zenzedi® (dextroamphetamine)	6
Zepatier® (elbasvir/grazoprevir)	14
Zerviate™ (cetirizine)	3
Zestril® (lisinopril)	4
Zetonna® (ciclesonide)	2
Ziac® (bisoprolol/HCTZ)	10
Ziana® (clindamycin-tretinoin)	5
Zioptan® (tafluprost)	4
Zioptan® droperette (tafluprost)	4
Zipsor® (diclofenac)	18
Zocor® (simvastatin)	22
Zofran ODT® (ondansetron)	9
Zofran® (ondansetron)	9
Zohydro® ER (hydrocodone ER)	19
Zoloft® (sertraline)	8
Zoloft® solution (sertraline)	8
Zolpidem generics	22
Zolpimist® (zolpidem)	22
Zomacton® (somatropin)	14
Zomig® (zolmitriptan) nasal solution	23
Zomig® (zolmitriptan) tablets	23
Zomig-ZMT® (zolmitriptan)	23
Zonegran® (zonisamide)	6
Zontivity® (vorapaxar)	20
Zorvolex® (diclofenac)	18
Zovirax® (acyclovir) (oral dosage forms only)	9
Zuplenz® (ondansetron)	9
Zylet®(Loteprednol/Tobramycin)	3
Zyloprim® (allopurinol)	23
Zypitamag™ (pitavastatin)	22
Zyrtec® (cetirizine)	9
Zyrtec® Syrup (cetirizine)	9